

**STATE EMPLOYEES' DEFERRED COMPENSATION PLAN  
PERMISSIVE SERVICE CREDITS AUTHORIZATION**

**Please read and complete the following information pertaining to the tax free transfer of Section 457 plan assets to an eligible qualified pension plan to purchase permissive service credits.**

Last Name	First	Middle Initial	Social Security Number
Street		City/State	Zip Code
Agency or University		Office Phone Number (    )	Home Phone Number (    )
Work Address		Payroll Code No. _____ (See your pay stub)	

**RETIREMENT SYSTEM TO RECEIVE TRANSFER**

Name of Illinois  
Retirement System \_\_\_\_\_

I, \_\_\_\_\_, authorize and certify to the State of Illinois Employees' Deferred Compensation Plan of my intention to purchase creditable service with the named retirement system, covered under the State of Illinois Reciprocal Act. I understand the purchase will occur from my Deferred Compensation contributions from which Federal income taxes have not been paid and the full dollar amount specified by said retirement system of \$\_\_\_\_\_ is required to purchase this service credit. I understand this form must be received by the Deferred Compensation Division no later than the 1st business day of the month of which I am requesting this transfer to occur. Furthermore, I, and not the State of Illinois Employees' Deferred Compensation Plan, assume the responsibility in making this decision and the responsibility of any tax or reporting consequences that may result from this purchase of service credits.

SIGNATURE X \_\_\_\_\_

DATE \_\_\_\_\_

This completed form and a copy of the retirement system purchase agreement should be returned to:  
Department of Central Management Services  
Deferred Compensation Division  
P.O. Box 19208  
Springfield, IL 62794-9208

This information may also be faxed to 217-782-7640.